RE 349 (Rev 8/14)

RECORD OF ATTENDANCE

NAME OF SPONSOR		Calbre Issued 4-Digit sponsor number			
COLIDER TITLE		LOCATION OF COURS	OCATION OF COURSE PRESENTATION		CREDIT HOURS
COURSE TITLE		LOCATION OF COURSE PRESENTATION			CREDIT HOURS
NAME OF PARTICIPANT		CalBRE LICENSE ID NUMBER		COURSE REGISTRATION DATE	
ATTENDANCE VERIFICATION					
Date	Time In	Time Out Tota		Time	
Total Time Attend			al Time Attended		
CERTIFICATION					
I have read and concur that the above is an accurate account of my attendance. I have also received written information describing					
Sponsor's refund policies regarding fees and cancellation of offering by Sponsor.					
SIGNATURE OF PARTICIPANT				DATE	
>					
MAILING ADDRESS .					
BUSINESS TELEPHONE NUMBER	RESIDENCE TELEPHO	ONE NUMBER			
()		()			
ABOVE INFORMATION VERIFIED BY: (PRINT NAME OF SPONSOR OR SPONSOR'S AUTHORIZED MONITOR)					
SIGNATURE OF MONITOR				DATE	
>					
Note: This form must be retained in the sponsor's records for a period of five (5) years from the date attended per Commissioner's					

Note: This form must be retained in the sponsor's records for a period of five (5) years from the date attended per Commissioner's Regulation 3012.2.

SAMPLE RECOMMENDED DOCUMENT